

Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER	18	10-28-93
EXAMINER	340	10-29-93
TYPIST	8F 350	10-30-93
VERIFIER	2611	11-1-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	9	Date
Final	15	4
Original	Dec	
	Mar	
	May	
	93	
	94	
	94	
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41		
42		
43		
44		
45	✓	=
46	0	=
47	✓	=
48	✓	=
49	✓	=
50	✓	=

SYMBOLS

✓	Rejected
=	Allowed
(Through number)	Cancelled
-	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	9	Date
Final	15	4
Original	Dec	
	Mar	
	May	
	93	
	94	
	94	
7	51	✓ =
8	52	✓ =
9	53	✓ =
10	54	✓ =
11	55	✓ =
12	56	0 =
13	57	0 =
14	58	0 =
15	59	✓ =
	60	
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